

Application Data Sheet

Application Information

Filing Date::	11/14/2003
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Title::	SYSTEMS AND METHODS FOR PERFORMING SIMULTANEOUS ABLATION
Attorney Docket Number::	2024728-7019802001 (02-419)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figures::	8
Total Drawing Sheets::	4
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert F.

Family Nam :: Rioux

City of R sidenc :: Ashland

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 20 Woodridge Lane

City of mailing address:: Ashland

Country of mailing address:: US

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 01721

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert

Family Name:: Garabedian

City of Residence:: Tyngsboro

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 14 Highland Street

City of mailing address:: Tyngsboro

Country of mailing address:: US

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 01879

Applicant Authority type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jerry
Family Name:: Jarrard
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 874 East Evelyn
City of mailing address:: Sunnyvale
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94086

Correspondence Information

Name:: Bingham McCutchen LLP
Street of mailing address:: Three Embarcadero, Suite 1800
City of mailing address:: San Francisco
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94111-4067
Telephone:: (650) 849-4400
Fax:: (650) 849-4800

Representative Information

Representative Customer Number:: 23639

Representative Designation::	Registration Number::	Name::
Primary	37,104	David T. Burse

Assignee Information

Name:: Scimed Life Systems, Inc.

Mailing address:: One Scimed Place, Maple Grove, MN 55311